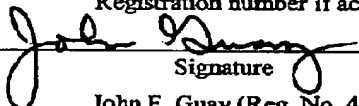


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|---|--|--|--|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 3411-4 | |
| CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)] I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____. Signature: _____ Name: _____ | | In re Application of: Shizuo SUMIDA Application Number 09/551,867 Filed: April 18, 2000 For: NON-LINEAR CHARACTERISTIC REPRODUCING APPARATUS AND NON-LINEAR CHARACTERISTIC REPRODUCING PROGRAM MEDIUM Group Art Unit: 2128 Examiner: Thai Q. Phan | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and appropriate entity fee are as follows (check time period desired): | | | |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120) | | \$ _____ | |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450) | | \$ _____ | |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020) | | \$ <u>1,020.00</u> | |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590) | | \$ _____ | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160) | | \$ _____ | |
| <input type="checkbox"/> Applicant claims small entity status. | | | |
| <input type="checkbox"/> A check to cover the fee is enclosed. | | 07/11/2005 BABRAHA1 00000045 192380 | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | 01 FC:1253 1020.00 DA | |
| <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. | | | |
| <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380</u> . I have enclosed a duplicate copy of this sheet. | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| I am the <input type="checkbox"/> applicant/inventor | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | |
| <input checked="" type="checkbox"/> attorney or agent of record. | | | |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____ | | | |
|  Signature | | June 23, 2005 Date | |
| John F. Guay (Reg. No. 47,248) Typed or printed name | | 202-585-8000 Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input checked="" type="checkbox"/> Total of <u>2</u> forms are submitted. | | | |

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 Alexandria, VA 22313-1450

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